Fil	I in this informa	tion to identify your case:	
De	btor 1	Mariam Abiola Salau	
De	btor 2	First Name Middle Name Last Name	
(Sp	ouse if, filing)	First Name Middle Name Last Name	
Un	ited States Bank	ruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA	
	se number		☐ Check if this is an
			amended filing
_			
_		<u>n 106Sum</u>	
		Your Assets and Liabilities and Certain Statistical Information	12/15
info	rmation. Fill ou	d accurate as possible. If two married people are filing together, both are equally responsible tall of your schedules first; then complete the information on this form. If you are filing ament, you must fill out a new Summary and check the box at the top of this page.	
Pa	t 1: Summar	ze Your Assets	
			Your askets Value of what you don?
1.	Schedule A/E 1a. Copy line	: Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B	\$1,999,999.00
	1b. Copy line	62, Total personal property, from Schedule A/B	\$9,950.00
	1c. Copy line 6	3, Total of all property on Schedule A/B	\$ 2,009,949.00
Par	t 2: Summar	ze Your Liabilities	
			Your liabilities Amount you owe
2.		reditors Who Have Claims Secured by Property (Official Form 106D) otal you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$1,409,720.00
3.		Creditors Who Have Unsecured Claims (Official Form 106E/F) otal claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the t	otal claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$ 363.00
		Your total liabilities	\$1,410,083.00
Par		ze Your Income and Expenses	
4.		ur Income (Official Form 106I) bined monthly income from line 12 of Schedule I	\$ 4,000.00
5.	Schedule J: Yo Copy your mor	ur Expenses (Official Form 106J) thly expenses from line 22c of <i>Schedule J</i>	\$ 1,400.00
Part	4: Answer 1	hese Questions for Administrative and Statistical Records	
6.		for bankruptcy under Chapters 7, 11, or 13? ave nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other schedules.
7.	Yes What kind of	ebt do you have?	
		is are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal, family, or
		s are not primarily consumer debts. You have nothing to report on this part of the form. Check this with your other schedules.	s box and submit this form to
Offic	cial Form 106Su	Summary of Your Assets and Liabilities and Certain Statistical Information	page 1 of 2

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Deb	tor 1	Mariam Abiola Salau	Case number (if known)	
8.		n the Statement of Your Current Mo. -1 Line 11; OR, Form 122B Line 11; O	nthly Income: Copy your total current monthly income from Official Form DR, Form 122C-1 Line 14.	\$ 0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this information to identify your case and	this filing:		
Debtor 1 Mariam Abiola Salau			
	dle Name Last Name		
Debtor 2 (Spouse, if filing) First Name Mide	dle Name Last Name		
United States Bankruptcy Court for the: CENTRA	L DISTRICT OF CALIFORNIA		
Case number			☐ Check if this is an
			amended filing
O.C. : 1.E. 4004/D			
Official Form 106A/B			
Schedule A/B: Property	A consistency of the laws of t	a adama a lladdh a a a dh	12/15
in each category, separately list and describe items. Lis think it fits best. Be as complete and accurate as possi information. If more space is needed, attach a separate Answer every question.	ble. If two married people are filing together, both an	e equally responsible for su	pplying correct
Part 1: Describe Each Residence, Building, Land, or C	Other Real Estate You Own or Have an Interest In		
Do you own or have any legal or equitable interest in	any residence, building, land, or similar property?		
□ No. Go to Part 2.			
Yes. Where is the property?			
1.1	18/hat is the manager of Charles when your	TO A N. T. FROM AND A ZETT OF PROCESS	n. d. 1875 Marches - Law Stelland and Stellands (Stellands (Stellands))
2216 Robinson St	What is the property? Check all that apply		
Street address, if available, or other description	Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure	
	Condominium or cooperative	Creditors Who Have Clair	
		co fila ilas sanini	
Budanda Burah GA GARAGA	Manufactured or mobile home	Current value of the	Current value of the
Redondo Beach CA 90278-0000	Land	entire property?	portion you own?
City State ZIP Code	☐ Investment property ☐ Timeshare	\$1,999,999.00	<u>\$1,999,999.00</u>
	Other	Describe the nature of y	our ownership interest ancy by the entireties, or
	Who has an interest in the property? Check one	a life estate), if known.	ancy by the entireties, or
	Debtor 1 only		
Los Angeles	Debtor 2 only	_	_
County	Debtor 1 and Debtor 2 only	☐ Check If this is com	munity property
	At least one of the debtors and another	(see instructions)	and property
	Other Information you wish to add about this ite property identification number:	m, such as local	
	Single family residence		
2. Add the dollar value of the portion you own for	or all of your entries from Part 1, including any	entries for	64 000 000 00
pages you have attached for Part 1. Write tha	t number here	=>	\$1,999,999.00
Part 2: Describe Your Vehicles			
o you own, lease, or have legal or equitable inte	rest in any vehicles, whether they are registers	ed or not? Include any ve	ehicles you own that
omeone else drives. If you lease a vehicle, also repo	ort it on Schedule G: Executory Contracts and Uni	expired Leases.	, , , , , , , , , , , , , , , , , , , ,

Debtor 1	Mariam Abiola Salau	<u>_</u>	Case number (if known)	
3. Cars, va	ans, trucks, tractors, spoi	t utility vehicles, motorcycles		
□ No				
Yes				
,,,,				
3.1 Mak	e: Mitsubishi	Who has an interest in the property? Chec	tone Do not deduct secured cla	
Mod	Montero	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
Yea		Debtor 2 only	Current value of the	Current value of the
Арр	roximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Othe	er information:	At least one of the debtors and another		
		Check If this is community property (see instructions)	\$200.00	\$200.00
3.2 Ma k	e: Honda	Who has an Interest in the property? Check	k one Do not deduct secured da the amount of any secure	
Mod	lel: Oddessey	Debtor 1 only	Creditors Who Have Clair	
Year		Debtor 2 only	Current value of the	Current value of the
		Debtor 1 and Debtor 2 only	entire property?	portion you own?
Othe	er information:	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$3,500.00	\$3,500.00
Part 3: De	scribe Your Personal and Ho	t 2. Write that number here busehold items ultable interest in any of the following items?		\$3,700.00
<i>Example</i> □ No	old goods and furnishing es: Major appliances, furnit Describe	s ure, linens, china, kitchenware	P\$20,000, Ashio Nov. N. C. LEWIC 40, 2007; S.F. L. V. J. L. S. SA 11, 20, 100, 100, 100, 100, 100, 100, 1	o not deduct secured laims or exemptions.
	Housel	old goods and furniture		\$1,500.00
□ No	nics es: Televisions and radios;	audio, video, stereo, and digital equipment; computer ameras, media players, games	rs, printers, scanners; music collectio	ns; electronic devices
	Cell ph	one and lap top		\$3,000.00
	bles of value es: Antiques and figurines; other collections, memo	paintings, prints, or other artwork; books, pictures, or rabilia, collectibles	other art objects; stamp, coin, or bas	eball card collections;

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De	ebtor 1	Mariam Abio	ola Sala	u	Case numl	per (if known)
	☐ Yes.	Describe	_		-	
	Example ■ No	ent for sports a es: Sports, photo musical instr	graphic,		bby equipment; bicycles, pool tables, golf clubs, s	skis; canoes and kayaks; carpentry tools;
	Fiream					
	Examp ■ No	les: Pistols, rifles	s, shotgu	ns, ammunition, and re	elated equipment	
	_	Describe				
	Clothe: Examp □ No		othes, fur	s, leather coats, desig	ner wear, shoes, accessories	
	Yes.	Describe				
			Clothi	ng		\$1,000.00
	□ No [^]		welry, co:	stume jewelry, engage	ment rings, wedding rings, heirloom jewelry, wato	hes, gems, gold, silver
			Jewel	ry		\$750.00
14.	■ No □ Yes. Any oth ■ No	les: Dogs, cats, Describe Describe and an Give specific info	d housel	nold items you did no	ot already list, including any health aids you di	id not list
15					t 3, including any entries for pages you have a	\$6,250.00
		cribe Your Finan				
UG	you ow	n or nave any i	egai or e	quitable interest in a	ny of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash	les: Money you b	nave in vo	our wallet in vour hom	e, in a safe deposit box, and on hand when you fi	le your petition
	■ No					,
	Deposi	ts of money		other financial accour	nts; certificates of deposit; shares in credit unions	, brokerage houses, and other similar
I		institutions.	If you hav	e multiple accounts w	ith the same institution, list each.	
	Yes				Institution name:	
			17.1.	Checking and Savings	Citibank	\$0.00

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D	ebtor 1	Mariam A	biola Salau			Case number (if known)	
18			ds, or publicly traded st ads, investment accounts		e firms, money market accour	nts	
	■ No □ Yes.		Institution of	r issuer name:			
19	Joint v	ublicly traded venture	d stock and interests in	incorporated	and unincorporated busine	sses, including an interest in an	LLC, partnership, and
	■ No						
	☐ Yes.	Give specific	information about them. Name of entity:			% of ownership:	
20.	Negot	tiable instrume	ents include personal che	cks, cashiers'	and non-negotiable instrum checks, promissory notes, and o someone by signing or deliv	d money orders.	
	■ No						
	☐ Yes.	Give specific	information about them Issuer name:				
21.		ment or pens ples: Interests		101(k), 403(b),	thrift savings accounts, or oth	er pension or profit-sharing plans	
		List and ass	ount congrately				
	□ res.	List each aco	ount separately. Type of account:		Institution name:		
22.	Your s Examp	share of all uni	nd prepayments used deposits you have r ents with landlords, prepa	nade so that you	ou may continue service or us utilities (electric, gas, water), t	e from a company elecommunications companies, or o	others
	■ No □ Yes.				Institution name or individual:		
23.	Annuit No	ties (A contrac	ct for a periodic payment	of money to yo	ou, either for life or for a numb	er of years)	
	☐ Yes		Issuer name and descri	ption.			
24.			ation IRA, in an accoun 1), 529A(b), and 529(b)(1		d ABLE program, or under a	qualified state tultion program.	
	☐ Yes	•••••	Institution name and de	scription. Sepa	arately file the records of any in	nterests.11 U.S.C. § 521(c):	
25.	■ No	•			nan anything listed in line 1),	, and rights or powers exercisabl	e for your benefit
~~			information about them				
26.			, trademarks, trade sec lomain names, websites,		or intellectual property in royalties and licensing agree	ements	
	☐ Yes.	Give specific	information about them				
27.			s, and other general Into permits, exclusive license		association holdings, liquor li	censes, professional licenses	
	☐ Yes.	•	information about them				
M	mey or	property owe	d to you?			po Oc	errent value of the ortion you own? ont deduct secured aims or exemptions.
28.	Tax ref ■ No	funds owed to	o you				
		Give specific i	information about them, i	ncluding wheth	ner you already filed the return	s and the tax years	

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De	ebtor 1	Mariam Abiola Salau	Case number (if known)	
29	Exai ■ No	ily support imples: Past due or lump sum alimony, spousal support, child support, s. Give specific information	maintenance, divorce settlement, property	settlement
30.		or amounts someone owes you Imples: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else	s, sick pay, vacation pay, workers' comper	nsation, Social Security
		s. Give specific information		
31.		ests in insurance policies mples: Health, disability, or life insurance; health savings account (HS	A); credit, homeowner's, or renter's insurar	ce
	_	s. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	some	Interest in property that is due you from someone who has died u are the beneficiary of a living trust, expect proceeds from a life insuleone has died. s. Give specific information	rance policy, or are currently entitled to rece	eive property because
	⊔ te	s. Give specific information		
33.	Exar ■ No	ns against third parties, whether or not you have filed a lawsuit on mples: Accidents, employment disputes, insurance claims, or rights to so Describe each claim		
34		r contingent and unliquidated claims of every nature, including c	ounterclaims of the debtor and rights to	set off claims
	■ No	•	· · · · · · · · · · · · · · · · · · ·	
35.	Any f	înancial assets you did not already list		
	■ No □ Yes	s. Give specific information		
36		the dollar value of all of your entries from Part 4, including any Part 4. Write that number here		\$0.00
Pa	rt 5: D	Describe Any Business-Related Property You Own or Have an Interest in. I	ist any real estate in Part 1.	
	•	u <mark>own or have any legal or equitable interest in any business-related prop</mark> Go to Part 6.	erty?	
	□ Yes.	Go to line 38.		
Pa	rt 6. D	Pescribe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1.	r Have an Interest In.	<u> </u>
46.		ou own or have any legal or equitable interest in any farm- or con b. Go to Part 7.	nmercial fishing-related property?	
	☐ Ye	es. Go to line 47.		
Pai	rt 7:	Describe All Property You Own or Have an Interest in That You Did No	ot List Above	

Official Form 106A/B

Schedule A/B: Property

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Debt	tor 1	Mariam Abiola Salau		Case number (if known)	
		have other property of any kind you did not already liles: Season tickets, country club membership	st?		
	No				
	l Yes. (Give specific information			
54.	Add ti	ne dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part	8:	List the Totals of Each Part of this Form	_		
55.	Part 1	: Total real estate, line 2			\$1,999,999.00
56.	Part 2	: Total vehicles, line 5	\$3,700.00		
57.	Part 3	: Total personal and household items, line 15	\$6,250.00		
58.	Part 4	: Total financial assets, line 36	\$0.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+ \$0.00		
62 .	Total	personal property. Add lines 56 through 61	\$9,950.00	Copy personal property to	otal \$9,950.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$2,009,949.00

Official Form 106A/B

Fill in this inform	nation to identify your case	e:			
Debtor 1	Mariam Abiola Salau				
Dahtana	First Name	Middle Name	ı	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name	
United States Ba	nkruptcy Court for the: C	ENTRAL DISTRICT OF C	ALIFO	DRNIA	
Case number (if known)					Check if this is an amended filing
Official Fo	rm 106C				
Schedul	e C: The Prop	erty You Cla	aim	as Exempt	4/22
the property you li	sted on <i>Schedule A/B: Prope</i> d attach to this page as man	erty (Official Form 106A/B)	as y	our source, list the property that you	or supplying correct information. Using a claim as exempt. If more space is additional pages, write your name and
specific dollar an any applicable st funds—may be u exemption to a p	nount as exempt. Alternati atutory limit. Some exemp inlimited in dollar amount.	vely, you may claim the fi tions—such as those for However, if you claim ar	fuli fa r heal 1 exer	ir market value of the property be th alds, rights to receive certain i mption of 100% of fair market valu	One way of doing so is to state a bing exempted up to the amount of penefits, and tax-exempt retirement ue under a law that limits the it, your exemption would be limited
Part 1: Identif	y the Property You Claim a	as Exempt			
1. Which set of	exemptions are you claim	ing? Check one only, eve	n if yo	our spouse is filing with you.	
You are cla	aiming state and federal non	bankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
☐ You are cla	aiming federal exemptions.	11 U.S.C. § 522(b)(2)			
2. For any prop	erty you list on Schedule	A/B that you claim as exe	empt,	fill in the information below.	
	on of the property and line on that lists this property	Current value of the portion you own Copy the value from Schedule A/B.		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	Oddessey 100000 mile	\$\$ \$3,500.00		\$3,050.00	C.C.P. § 704.010
Line from Sch	nedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	goods and furniture	\$1,500.00		\$1,500.00	C.C.P. § 704.020
Line from Sch	nedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	and lap top	\$3,000.00		\$3,000.00	C.C.P. § 704.020
Line from Sch	nedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Clothing		\$1,000.00		\$1,000.00	C.C.P. § 704.020
Line from Sch	edule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Jewelry		\$750.00		\$750.00	C.C.P. § 704.040
Line from Sch	edule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	

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		Abiola Sala							er (if known)		
 Are you claiming a homestead exemption of more than \$18: (Subject to adjustment on 4/01/25 and every 3 years after that for the No Yes. Did you acquire the property covered by the exemption 							filed on or afte	er the da te o	f adjustment.)	•	
	No	u acquire the	property c	overed by	the exemp	otion within	1,215 days be	efore you file	d this case?		
	Yes										

Fill in this information to identif	y your case:			
Debtor 1 Mariam Abi				
First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for	or the: CENTRAL DISTRICT OF CALIFORNIA			
Case number			-	
(if known)			☐ Check	c if this is an
			amen	ded filing
Official Form 106D				
	ors Who Have Claims Secure	ed by Propert	v	12/15
is needed, copy the Additional Page, number (if known). 1. Do any creditors have claims secu		On the top of any addition	onat pages, write your na	
☐ No. Check this box and sub	omit this form to the court with your other schedules.	You have nothing else	to report on this form.	
Yes. Fill in all of the information	ation below.			
Part 1: List All Secured Claim	S		V	OR THE STATE OF TH
for each claim. If more than one credit	has more than one secured claim, list the creditor separate or has a particular claim, list the other creditors in Part 2. As abetical order according to the creditor's name.		Column 8 Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Select Portfolio Servicir	Describe the property that secures the claim:	\$1,409,720.00	\$1,999,999.00	\$0.00
Creditor's Name 10401 Deerwood Park Blvd Jacksonville, FL 32256-5007	2216 Robinson St Redondo Beach, CA 90278 Los Angeles County Single family residence As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	<u> </u>			
Who owes the debt? Check one.	Disputed			
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	 An agreement you made (such as mortgage or second) 	ecurea		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and anot				
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 04/2007	Last 4 digits of account number 1541			
January Control of the State of the State of the Control of the Co				_
	In Column A on this page. Write that number here:	\$1,409,72		
Write that number here:	add the dollar value totals from all pages.	\$1,409,72	0.00	
Part 2: List Others to Be Notifie	od for a Debt That You Already Listed			
Use this page only if you have others trying to collect from you for a debt y	to be notified about your bankruptcy for a debt that yo ou owe to someone else, list the creditor in Part 1, and that you listed in Part 1, list the additional creditors he	then list the collection as	gency here. Similarly, if y	ou have more

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	his informa	tion to identify your	case:					
Debtor	1	Mariam Abiola Sa First Name	Middle Nam	ne	Last Name			
Debtor (Spouse i		First Name	Middle Nam	16	Last Name			
United	States Bank	ruptcy Court for the:	CENTRAL DI	STRICT OF CA	LIFORNIA			
Case n	umber							
(if known)								Check if this is an amended filing
Offici	al Form	106E/F						
Sche	dule E/F	F: Creditors W	/ho Have l	Jnsecure	d Claims			12/15
Scheduleft. Atta name an	D: Creditors ch the Contin d case numb	nuation Page to this pag er (if known).	ured by Property je. If you have no	if more space i Information to i	s needed, copy	the Part you need, fil	ll it out, number the	ms that are listed in entries in the boxes on the iditional pages, write your
		of Your PRIORITY Un have priority unsecure						
_	No. Go to Part		d Claims against	your				
	νο, Go το Pa π Y es ,	12.						
	Tes.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured C	laims				
3. Do	any creditors	have nonpriority unsec	ourad alaime agai					
		mayo nonphoney undoc	cureu cialilis agai	nst you?				
_	No. You have	nothing to report in this pa			th your other sch	edules.		
_					th your other sch	edules.		
4. List	Yes. all of your necured claim,	nothing to report in this particularly comprised to comprise the comprise that the comprise the comprise that the compri	art. Submit this for alms in the alpha y for each claim. F	m to the court wi betical order of or each claim list	the creditor whe	o holds each claim. If type of claim it is. Do n	not fist claims already	included in Part 1. If more
4. List uns thar	Yes. all of your na ecured claim, one creditor	nothing to report in this property unsecured clief the creditor separately holds a particular claim, if	art. Submit this for alms in the alpha y for each claim. F ist the other credit	m to the court wi betical order of or each claim list	the creditor whe de, identify what u have more than	o holds each claim. If type of claim it is. Do n	not fist claims already	Included in Part 1, If more the Continuation Page of
4. List unsthar Par	yes. all of your necured claim, one creditor 2. Dsnb/Mac Nonpriority C Po Box 83	onpriority unsecured clillst the creditor separately holds a particular claim, li	art. Submit this for alms in the alpha y for each claim. F ist the other credit	m to the court wi betical order of or each claim list ors in Part 3.lf you	the creditor whed, identify what u have more that count number	o holds each claim. If type of claim it is. Do n three nonpriority unsa	not fist claims already	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Par	yes. all of your necured claim, one creditor 2. Dsnb/Mac Nonpriority C Po Box 82 Mason, O	nothing to report in this property unsecured clillet the creditor separately holds a particular claim, if	art. Submit this for alms in the alpha y for each claim. F ist the other credit L	betical order of or each claim list ors in Part 3. If you ast 4 digits of active	the creditor wheed, identify what u have more their count number bt incurred?	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Par	A service of the serv	onpriority unsecured clillst the creditor separately holds a particular claim, li	art. Submit this for alms in the alpha y for each claim. F ist the other credit L	betical order of or each claim list ors in Part 3. If you ast 4 digits of active	the creditor wheed, identify what u have more their count number bt incurred?	o holds each claim. If type of claim it is. Do n three nonpriority unse 0852	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Par	A service of the serv	onpriority unsecured clilst the creditor separately holds a particular claim, library sereditor's Name 218 H 45040 et City State Zip Code and the debt? Check one.	art. Submit this for alms in the alpha y for each claim. F ist the other credit L	betical order of or each claim list ors in Part 3. If you ast 4 digits of active	the creditor wheed, identify what u have more their count number bt incurred?	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Par	Dsnb/Mac Nonpriority C Po Box 8 Mason, O Number Stree Who Incurre	onpriority unsecured clilist the creditor separately holds a particular claim, livelys reditor's Name 218 H 45040 et City State Zip Code at the debt? Check one, only	alms in the alpha y for each claim. Fi ist the other credit L W	betical order of or each claim list ors in Part 3. If you ast 4 digits of ac then was the de as of the date you	the creditor wheed, identify what u have more their count number bt incurred?	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Par	Pes. all of your necured claim, one creditor 2. Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Who incurre Debtor 1 c	onpriority unsecured clilist the creditor separately holds a particular claim, livelys reditor's Name 218 H 45040 et City State Zip Code at the debt? Check one, only	alms in the alpha y for each claim. F ist the other credit L M A	betical order of or each claim list ors in Part 3. If you ast 4 digits of action was the deas of the date you contingent	the creditor wheed, identify what u have more their count number bt incurred?	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Pari	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Who Incurre Debtor 10 Debtor 20 Debtor 12	onpriority unsecured clilist the creditor separately holds a particular claim, licys reditor's Name 218 H 45040 et City State Zip Code at the debt? Check one. only	alms in the alpha y for each claim. Fi ist the other credit	betical order of or each claim list ors in Part 3. If you ast 4 digits of active was the deas of the date you. Contingent Unliquidated	the creditor wheed, identify what a have more than a coount number bt incurred?	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852 11/2008	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Pari	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Who incurre Debtor 1 0 Debtor 2 0 At least o	onpriority unsecured clilist the creditor separately holds a particular claim, if cys. reditor's Name 218 H 45040 et City State Zip Code and the debt? Check one. only only and Debtor 2 only	alms in the alpha y for each claim. Fi ist the other credit W A	betical order of or each claim list ors in Part 3. If you ast 4 digits of active was the deas of the date you. Contingent Unliquidated Disputed	the creditor wheed, identify what a have more than a coount number bt incurred?	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852 11/2008	iot list claims already ecured claims fill out	included in Part 1. If more the Continuation Page of Total claim
4. List unsthar Pari	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Who Incurre Debtor 1 c Debtor 2 c At least of Check if idebt	onpriority unsecured clilist the creditor separately holds a particular claim, if cys. reditor's Name 218 H 45040 et City State Zip Code and the debt? Check one. only only and Debtor 2 only ne of the debtors and and this claim is for a commentation.	alms in the alpha y for each claim. Fi ist the other credit	betical order of or each claim list ors in Part 3. If you ast 4 digits of a with the date you contingent Unliquidated Disputed ype of NONPRIC Student loans Obligations aris	the creditor whed, identify what u have more than ecount number bt incurred? u file, the claim ORITY unsecure	o holds each claim. If type of claim it is. Do not three nonpriority unser 0852 11/2008	iot fist claims fill out	included in Part 1. If more the Continuation Page of Total claim \$245.00
4. List unsthar Pari	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Who incurre Debtor 1 a Debtor 1 a At least o Check iff debt Is the claim a	onpriority unsecured classifies the creditor separately holds a particular claim, is cys. Freditor's Name 218 H 45040 et City State Zip Code and the debt? Check one. In only In only In of the debtors and and	alms in the alpha y for each claim. Fi ist the other credit A Cother Tomunity Core	betical order of or each claim list ors in Part 3. If you ast 4 digits of a with the date you as of NONPRIC Student loans Obligations ariseport as priority of	the creditor when the count number by incurred? If the claim of the claim of the claim out of a separation.	o holds each claim. If type of claim it is. Do not three nonpriority unsaid the control of the c	ivorce that you did no	included in Part 1. If more the Continuation Page of Total claim \$245.00
4. List unsthar Pari	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Who Incurre Debtor 1 c Debtor 2 c At least of Check if idebt	onpriority unsecured clilist the creditor separately holds a particular claim, if cys. reditor's Name 218 H 45040 et City State Zip Code and the debt? Check one. only only and Debtor 2 only ne of the debtors and and this claim is for a commentation.	alms in the alpha y for each claim. Fi ist the other credit L W A Cother Tother munity C	betical order of or each claim list ors in Part 3. If you ast 4 digits of a with the date you as of NONPRIC Student loans Obligations ariseport as priority of	the creditor whed, identify what u have more than count number bt incurred? Unfile, the claim ORITY unsecure aims on or profit-sharing	o holds each claim. If type of claim it is. Do not three nonpriority unsaid the control of the control of the control of the control of the claim: aration agreement or do no plans, and other simple control of the co	ivorce that you did no	included in Part 1. If more the Continuation Page of Total claim \$245.00
4. List unsthar Pari	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Debtor 1 c Debtor 1 c At least or Check iff debt Is the claim:	onpriority unsecured clilist the creditor separately holds a particular claim, if cys. reditor's Name 218 H 45040 et City State Zip Code and the debt? Check one. only only and Debtor 2 only ne of the debtors and and this claim is for a commentation.	alms in the alpha y for each claim. Fi ist the other credit L W A Cother Tother munity C	betical order of or each claim list ors in Part 3. If you ast 4 digits of action of the date you. Contingent Unliquidated Disputed ype of NONPRIC Student loans Obligations arisport as priority cl	the creditor whed, identify what u have more than count number bt incurred? Unfile, the claim ORITY unsecure aims on or profit-sharing	o holds each claim. If type of claim it is. Do not three nonpriority unsaid the control of the control of the control of the control of the claim: aration agreement or do no plans, and other simple control of the co	ivorce that you did no	included in Part 1. If more the Continuation Page of Total claim \$245.00
4. List unsthar Par	Dsnb/Mac Nonpriority C Po Box 82 Mason, O Number Stree Debtor 1 c Debtor 1 c At least or Check iff debt Is the claim:	onpriority unsecured clilist the creditor separately holds a particular claim, if cys. reditor's Name 218 H 45040 et City State Zip Code and the debt? Check one. only only and Debtor 2 only ne of the debtors and and this claim is for a commentation.	alms in the alpha y for each claim. Fi ist the other credit L W A Cother Tother munity C	betical order of or each claim list ors in Part 3. If you ast 4 digits of action of the date you. Contingent Unliquidated Disputed ype of NONPRIC Student loans Obligations arisport as priority cl	the creditor whed, identify what u have more than count number bt incurred? Unfile, the claim ORITY unsecure aims on or profit-sharing	o holds each claim. If type of claim it is. Do not three nonpriority unsaid the control of the control of the control of the control of the claim: aration agreement or do no plans, and other simple control of the co	ivorce that you did no	included in Part 1. If more the Continuation Page of Total claim \$245.00

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Debtor	Mariam Abiola Salau	Case number (if known)				
4.2	Equifax	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name PO Box 740241	When was the debt incurred?				
	Atlanta, GA 30374-0241 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	•			
	Who incurred the debt? Check one.					
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unaecured claim:				
	☐ Check if this claim is for a community debt					
	is the claim subject to offset?	Dbligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify				
4.3	Equifax	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name PO Box 144717	When was the debt incurred?				
	Orlando, FL 32814 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	100 1 20 and 702 mg and 0 and 0 and 0 and 0 app. 7				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Cther. Specify				
4.4	Equifax Info Services LLC	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name Box 740256	When was the debt incurred?				
	Atlanta, GA 30374-0256					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify				

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or	1 Mariam Abiola Salau	Case number (if known)	
	Experian Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	475 Anton Blvd Costa Mesa, CA 92626-7037	When was the debt incurred?	
	Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations ansing out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
]	Experian	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		
	NCAC PO Box 9556	When was the debt incurred?	
	Allen, TX 75013		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations ansing out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify	
]	Formula		***
١.	Experian Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	NCAC	When was the debt incurred?	
	PO Box 9556		
	Allen, TX 75013-9556 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The of the date year me, are stann to cheek an anat apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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: Check all that apply	\$0.00				
: Check all that apply					
: Check all that apply					
: Check all that apply					
alalas.					
Claim:					
-4i					
auon agreement of divorce that you did not					
report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
0120	\$118.00				
	\$110.00				
07/2016					
· Check all that apply					
. O					
☐ Disputed Type of NONPRIORITY unsecured claim:					
☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
					☐ Debts to pension or profit-sharing plans, and other similar debts
ccount for Golden State Water					
					
	\$0.00				
: Check all that apply					
claim:					
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts					
	O130 O7/2016 Check all that apply claim: ation agreement or divorce that you did not plans, and other similar debts ccount for Golden State Water Check all that apply claim:				

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secured claim: of a separation agreement or divorce that you did not fit-sharing plans, and other similar debts umber
e claim is: Check all that apply secured claim: If a separation agreement or divorce that you did not fit-sharing plans, and other similar debts umber \$0.00
secured claim: of a separation agreement or divorce that you did not fit-sharing plans, and other similar debts
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it-sharing plans, and other similar debts umber\$0.00
umber\$0.00
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claim is: Check all that apply
secured claim:
seculed Claim.
for any other and the same that you did not
f a separation agreement or divorce that you did not
it-sharing plans, and other similar debts
umber \$0.00
ed?
claim is: Check all that apply
secured claim:
Journa Gallin
f a separation agreement or divorce that you did not
a separation agreement of divorce that you did not
t abodes plane and other similar dabte
t-sharing plans, and other similar debts
ne

nternal Revenue Service	Last 4 digits of account number	\$0.00
Innariarity Creditor's Name		¥
PO Box 660002	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
Debtor 1 only	☐ Contingent	
_		
	_ `	
	Type of NONPRIORITY unsecured claim:	
_	☐ Student loans	
	☐ Obligations arising out of a separation agreement or divorce that you did not	
the claim subject to offsat?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
] Yes	Other. Specify	
nternal Revenue Service	Last 4 digits of account number	\$0.00
onpriority Creditor's Name	Mh	
o Box 21126	Third was the dept incurred in	
umber Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	The of the date yet the, the statistics check an interapply	
Debtor 1 only	☐ Contingent	
_		
_	_ `	
_	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
ebt	Obligations arising out of a separation agreement or divorce that you did not	
_	• • •	
	_	
		_
	Last 4 digits of account number	\$0.00
ttn: Public Records Department 55 W Adams St.	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply	
ho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
ebt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
•	☐ Debts to pension or profit-sharing plans, and other similar debts	
_	Other. Specify	
	Dallas, TX 75266-0002 Jumber Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community bet the claim subject to offsat? No Yes Internal Revenue Service Ionopriority Creditor's Name Centralized Insolvency Operation Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community bet the claim subject to offsat? No Yes Yes Trans Union Corporation Compriority Creditor's Name Attn: Public Records Department Composity Creditor's Name Centralized Insolvency Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community bet the claim subject to offsat? No Yes Trans Union Corporation Compriority Creditor's Name Centralized Insolvency Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	Limber Street City State 2 pc Code No Incurred the debt? Check one. Ceber 1 only Contingent Check at the claim is contingent Check at the claim is for a community etc. Check if this claim is f

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btor 1 Mariam Abiola Salau	Case number (if known)
TransUnion Consumer Relations	Last 4 digits of account number \$0.00
Nonpriority Creditor's Name PO Box 2000	When was the debt incurred?
Chester, PA 19022 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply
Debtor 1 only	☐ Contingent
Debtor 2 only	☐ Unliquidated
Debtor 1 and Debtor 2 only	☐ Disputed
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
☐ Check if this claim is for a community	☐ Student loans
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
■ No	oxdot Debts to pension or profit-sharing plans, and other similar debts
☐ Yes	Other. Specify
t 3: List Others to Be Notified About a Deb	
trying to collect from you for a debt you owe to sor	pout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if s collection agenc neone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be submit this page.
t 4: Add the Amounts for Each Type of Uns	secured Claim
otsi the amounts of certain types of unsecured claim pe of unsecured claim.	ns. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each

				то	tal Claim
	6a.	Domestic support obligations	6 a .	\$	0.00
is Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
(4) (4) (4)	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6 0 .	Total Priority. Add lines 6a through 6d.	6 e.	\$	0.00
	6f.	Student loans	6f.	\$	tal Claim 0.00
s Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	363.00
	6 j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	363.00

Fill in this info	rmation to identify your	case:			
Debtor 1	Mariam Abiola Sa				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	CENTRAL DISTRICT C	F CALIFORNIA		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1	Name				As had not storage you assume that work CA AC ASS USE ASSAULTS SQUARE ARREST ASSAULTS STORAGE TO SUCCESS ASSAULTS ASSAUL
	Number	Street		<u> </u>	
2.2	City		State	ZIP Code	
2.2	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3	Name		<u></u>		_
	Number	Street			_
	City		State	ZIP Code	
2.4	Name	_		_	_
	Number	Street			_
	City		State	ZIP Code	
2.5	Name			<u> </u>	_
	Number	Street		<u> </u>	_
	City		State	ZIP Code	

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			_			
Fill in th	is information	to identify your	case:			
Debtor 1		iriam Abiola Sa		Last Name		
Debtor 2		t Name	Middle Name	Last Name		
(Spouse if,		t Name	Middle Name	Last Name		
United S	tates Bankrupt	cy Court for the:	CENTRAL DISTRIC	T OF CALIFORNIA		
Case nul	mber					☐ Check if this is an
Offici	al Form					amended filing
		Your Cod	ebtors			12/15
people a fill it out, your nam	re filing togeth and number to ne and case no	ner, both are equ he entries in the umber (if known)	ally responsible for s boxes on the left. At . Answer every quest	ach the Additional Page to t ion.	n. If more space Is nee his page. On the top o	as possible. If two married ded, copy the Additional Page, f any Additional Pages, write
1. De	o you have an	y codebtors? (If y	you are filing a joint ca	se, do not list either spouse as	a codebtor.	
■ N						
				property state or territory? Puerto Rico, Texas, Washing		tates and territories include
_	o. Go to line 3. es. Did your sp	ouse, former spou	use, or legal equivalent	live with you at the time?		
in lir Form	ne 2 again as a	a codebtor only i	f that person is a gua	rantor or cosigner. Make su	re you have listed the	rith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill
		our codebtor treet, City, State and Zi	P Code		Column 2: The credit Check all schedules t	or to whom you owe the debt hat apply:
3.1					☐ Schedule D, line	
	Name		_		☐ Schedule E/F, line	
					☐ Schedule G, line	
	Number City	Street	State	ZIP Code		
3.2				-	☐ Schedule D, line	-
	Name				☐ Schedule E/F, line ☐ Schedule G, line	
	Number City	Street	State	ZIP Code		

Fil	I in this information to identify your	case:							
De	ebtor 1 Mariam At	oiola Salau							
1	ebtor 2 wuse, if filing)		_		_				
Ur	nited States Bankruptcy Court for the	he: CENTRAL DISTRICT	OF CALIFORNIA						
1	ase number (nown)	<u>-</u>				Check if this is An amendo A supplem	ed filing ent showi	ng postpetition	
C	fficial Form 106I					MM / DD/		ionoving date.	
S	chedule I: Your Inc	come				WINT DD1			12/15
sur spo atta	as complete and accurate as po oplying correct information. If you buse. If you are separated and you ach a separate sheet to this form the Describe Employmen	ou are married and not fill our spouse is not filing w n. On the top of any additi	ing jointly, and your ith you, do not inclu	spouse de Infoi	is living mation	with you, incl about your sp	ude infor	mation about	your needed,
1.	Fill in your employment information.		Debtor1			Debtor	or non-	liling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed			■ Empl	•		
	employers.	Occupation	Assisting family	with t	ousines	BS			
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address	Los Angeles, C	Α					
		How long employed t	here? <u>1 year</u>						
Pa	Give Details About Mo	onthly Income					_		
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	eport for	any line	, write \$0 in the	space. In	clude your non	n-filing
	ou or your non-filing spouse have n e space, attach a separate sheet t		ombine the information	n for all o	employe	rs for that perso	n on the I	ines below. If y	ou need
					F	or Debtor 1		btor 2 or Ing spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly over	rtime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106i Schedule I: Your Income page 1

Debt	or 1	Mariam Abiola Salau		1	Case number (if kn	own) _				_
	Cop	by line 4 here	4.		For Debtor 1	.00		For De non-fill	btor ing s	2 or pouse 0.00	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0	.00)	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.			.00		\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0	.00)	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.			.00		\$		_0.00	
	5e.	Insurance	5e.			.00		\$		0.00	
	5f.	Domestic support obligations	5f.			.00		\$		0.00	
	5g. 5h.	Union dues Other deductions, Specify:	5g. 5h.			.00	<u>)</u> +	\$		0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		·——	.00	_	\$		0.00	
o. 7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		·	.00		\$		0.00	
			۲.		*	.00	_	Ψ		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		s 0	.00	,	\$		0.00	
	8b.	Interest and dividends	8b.		·	.00	_	š		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce			·		_	`		0.00	
		settlement, and property settlement.	8c.			.00		\$		0.00	
	8d.	Unemployment compensation	8d.			.00	_	\$		0.00	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.		\$0	.00	_	\$		0.00	
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ 0	.00)	\$		0.00	
	8g.	Pension or retirement income	— 8g.		\$ 0	.00	<u> </u>	\$		0.00	
	8h.	Other monthly Income. Specify: Family resturant in Nigeria	8h.	.+	\$4,000	.00	+	\$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$4,000	.00) [\$		0.00)
10.	Cald	culate monthly Income. Add line 7 + line 9.	10.	\$	4,000.00	+ [\$.00	= \$	4,000.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	,,,,	-	4,000.00	Ϊ,	_		.00	-	4,000.00
	Inclu othe	te all other regular contributions to the expenses that you list in Schedul and contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe					in Sche	edule 11.		0.00
		the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certailes						fit	12.	\$	4,000.00
										Combin	ed income
13.	•	you expect an increase or decrease within the year after you file this form	n? 								
		Yes. Explain:									

Fill	in this information to identify y	our case:					
Del	otor 1 Mariam Abi	ola S <u>alau</u>				k if this is:	
	btor 2				_	An amended filing A supplement shov 13 expenses as of	ving postpetition chapter
	ouse, if filing)						— — — —
Uni	ted States Bankruptcy Court for the	e: CENTR	RAL DISTRICT OF CALIFO	DRNIA		MM / DD / YYYY	
	se number						
0	fficial Form 106J						
	chedule J: Your						12/1
inf	as complete and accurate a ormation. If more space is no mber (if known). Answer eve	eeded, atta	ch another sheet to this	re filing together, bo form. On the top of	oth are equa any addition	ally responsible fo onal pages, write y	or supplying correct your name and case
Pai	Describe Your Hous is this a joint case?	ehold					
	■ No. Go to line 2.						
	☐ Yes. Does Debtor 2 live	In a separ	ate household?				
	☐ No ☐ Yes. Debtor 2 mu	ıst file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debt	or 2.	
2.	Do you have dependents?	■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							□ No □ Yes
							□ No
							☐ Yes
							□ No
							☐ Yes
3.	Do your expenses include expenses of people other to yourself and your dependent	than 🗔	No Yes				
Est	Estimate Your Ongo climate your expenses as of a date after the colicable date.	our bankr	uptcy filing date unless y				
the	lude expenses paid for with value of such assistance ar ficial Form 106i.)				Ą	Your expe	nises
•	,						
4.	The rental or home owners payments and any rent for the			nclude first mortgage	4. \$		0.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner				4b. \$		0.00
	4c. Home maintenance, re	•			4c. \$		0.00
5.	4d. Homeowner's associa Additional mortgage paym			me equity loans	4d. \$ 5. \$		0.00
٥.		5.165 101 yc	a. Iogiaonos, adonas no	no oquity round	υ. ψ		

Deb	otor 1	Mariam A	biola Salau		Case num	nber (if known)	
6.	Utiliti	ies:					
٥.	6a.		heat, natural gas		6a.	\$	200.00
	6b.		er, garbage collection		6b.	\$	50.00
	6c.		cell phone, Internet, satellite, and	cable services	6c.	š ——	200.00
	6d.	Other. Spe	• • •		6d.	š —	0.00
7.	Food	-	keeping supplies			\$	550.00
8.			nildren's education costs		8.	\$	0.00
9.	Cloth	ning, laundr	y, and dry cleaning		9.	\$	0.00
10.		-	oducts and services		10.	\$	0.00
11.	Medi	cal and den	tal expenses		11.	\$	100.00
12.	Trans	sportation.	Include gas, maintenance, bus or tr	ain fare.			
		ot include ca			12.	· <u> </u>	200.00
			lubs, recreation, newspapers, m		13.		0.00
			ibutions and religious donations		14.	\$	0.00
15.	Insur			in alread in time at 4 and 00			
		tinclude ins Life insurar	surance deducted from your pay or	included in lines 4 or 20.	15a.	ę	0.00
		Health insu			15a. 15b.	•	0.00
		Vehicle ins			150. 15c.	· ·	0.00
			ance. Specify:		15d.	·	100.00 0.00
16			lude taxes deducted from your pay	or included in lines 4 or 20	134.	Ψ	0.00
10.	Speci		dude taxes deducted from your pay	of included in times 4 of 20.	16.	\$	0.00
17.	•	·	ase payments:				
			nts for Vehicle 1		17a.	\$	0.00
	17b.	Car payme	nts for Vehicle 2		17b.	\$	0.00
	17c.	Other. Spe	cify:		17c.	\$	0.00
	17d.	Other. Spe-	cify:		17d.	\$	0.00
18.			of alimony, maintenance, and sup				
			our pay on line 5, Schedule I, You		18.	· -	0.00
19.			you make to support others who	do not live with you.		\$	0.00
00	Speci	<i>-</i>		- 4 8 - 44bil - 4 Oobo	19.		
2 U.			rty expenses not included in line on other property	s 4 or 5 of this form of on Sche	20a.		0.00
		Real estate	· · ·		20a. 20b.	· ·	0.00
			omeowner's, or renter's insurance		20c.	·	0.00
			e, repair, and upkeep expenses		20d.		0.00
			r's association or condominium due	es	20e.	·	0.00
21		r: Specify:	is association of condominating			+\$	0.00
	Othor	i. Opcony.				. •	7 0.00
22.			onthly expenses				
		Add lines 4 t	•			\$	1,400.00
	22b. C	Copy line 22	(monthly expenses for Debtor 2), if	any, from Official Form 106J-2		\$	
	22c. A	Add line 22a	and 22b. The result is your monthl	y expenses.		\$	1,400.00
23	Calcu	ilata vour m	onthly net income.				
20.			2 (your combined monthly income)	from Schedule I.	23a.	\$	4,000.00
			monthly expenses from line 22c abo		23b.	·	1,400.00
		John Jour I	Oxponded from the 220 doc		200.		1,700.00
	23c.	Subtract vo	ur monthly expenses from your mo	nthly income.			
			s your monthly net income.	,	23c.	\$	2,600.00
	_						
24.			n increase or decrease in your ex				ea or decrease because of a
			expect to finish paying for your car loan erms of your mortgage?	within the year or do you expect your	mortgage	Payment to increas	se of decrease because of a
	■ No		,gg				
		_	Explain here:				

btor 1	Madera Ablata	Calau			
ebtor 1	Mariam Abiola S	Middle Name	Last Name		
btor 2		-	1 Al-		
ouse if, filing)	First Name	Middle Name	Last Name		
ited States Ba	inkruptcy Court for the	: CENTRAL DISTRICT (OF CALIFORNIA		
se number nown)					☐ Check if this is an amended filing
Saial Cass	- 400D				
	n 106Dec rion About	an Individual	l Debtor's Sche	dules	12
	- Tout	dir iliaiviaa	202101 0 001101		
Sign	n Below				
		neone who is NOT an atto	mey to help you fill out bankru	ptcy forms?	
		neone who is NOT an atto	rney to help you fill out bankru	ptcy forms?	<u> </u>
Did you pa	y or agree to pay son	neone who is NOT an atto	rney to help you fill out bankru		
Did you pa		neone who is NOT an atto	rney to help you fill out bankru	Attach <i>Bankrup</i>	
Did you pa ■ No □ Yes. I	y or agree to pay son			Attach Bankrup Declaration, an	
Did you pa	y or agree to pay son		rney to help you fill out bankru	Attach Bankrup Declaration, an	d Signature (Official Form 11
Did you pa	y or agree to pay son Name of person			Attach Bankrup Declaration, an	d Signature (Official Form 11
Did you pa	y or agree to pay son Name of person Ity of perjury, I declar e true and correct.		nmary and schedules filed with	Attach Bankrup Declaration, an	d Signature (Official Form 11
Did you pa	y or agree to pay son Name of person ity of perjury, I declar		nmary and schedulesfilled with	Attach Bankrup Declaration, an	d Signature (Official Form 11
Did you pa No Yes. N Under pena that they are X Marian Signatur	y or agree to pay son Name of person Ity of perjury, I declar e true and correct.		nmary and schedulesfilled with	Attach Bankrup Declaration, an	otcy Petition Preparer's Notice of Signature (Official Form 11
Did you pa	y or agree to pay son Name of person ity of perjury, I declar e true and correct. n Abiola Salau re of Debtor 1		nmary and schedulesfilled with X Signature of Debtor	Attach Bankrup Declaration, an	d Signature (Official Form 11
Did you pa No Yes. N Under pena that they are X Marian Signatur	y or agree to pay son Name of person ity of perjury, I declar e true and correct. n Abiola Salau re of Debtor 1		nmary and schedulesfilled with X Signature of Debtor	Attach Bankrup Declaration, an	d Signature (Official Form 11
Did you pa No Yes. N Under pena that they are X Marian Signatur	y or agree to pay son Name of person ity of perjury, I declar e true and correct. n Abiola Salau re of Debtor 1		nmary and schedulesfilled with X Signature of Debtor	Attach Bankrup Declaration, an	d Signature (Official Form 11

Fill	in this informa	ation to identify you	r case:			
Del	otor 1	Mariam Abiola S	Salau			
Del	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bank	cruptcy Court for the:	CENTRAL DISTRICT OF	CALIFORNIA		
Cas	se number					
(if kn	own)				_	heck if this is an mended filing
Ωf	ficial For	m 107				
			Affairs for Indivi	duals Filing for B	Bankruptcy	04/22
Be a	s complete an	d accurate as possi	ible. If two married people attach a separate sheet to	are filing together, both are	equally responsible for sup y additional pages, write you	
Par	Give De	tal <u>is About Your Ma</u>	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married					
	■ Not marrie	ed				
2.	During the las	t 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes, List a	all of the places you l	ived in the last 3 years. Do n	at include where you live now		
	Debtor 1:	an of the places you	Dates Debtor 1 lived there	Debtor 2 Prior Ac	the first a stable of the stab	Dates Debtor 2 lived there
					Ity property state or territory ico, Texas, Washington and W	
	■ No					
	☐ Yes. Make	e sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	2 Explain	the Sources of You	r Income			
4.	Fill in the total	amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part-		dar years?
	□ No					
	Yes. Fill in	the details.				
			Debtor 1		Debtor 2	60 S. A. A. B. C.
			Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
	m January 1 of date you filed	current year until	☐ Wages, commissions,	\$8,000.00	☐ Wages, commissions,	nd medyndrian grafidia de fillinga of the fillinga
	uate you meu	ior bankruptcy:	bonuses, tips		bonuses, tips	

Debtor	Debtor 1 Mariam Abiola Sa				Case		
				Debtor 1		Debtor 2	na. Militar (4.5)
				Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
		dar year: December	31, 2022)	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commission bonuses, tips	S,
				Operating a business		☐ Operating a busines	s
		dar year be December		☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commission bonuses, tips	s,
				Operating a business		☐ Operating a busines	s
	t each :	Ť	he gross inc	•	you received together, list it on ately. Do not include income the		
				Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	Debtor 2 Sources of Income Describe below.	Gross Income (before deductions and exclusions)
Part 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6. Are	eithe No.	Neither De	btor 1 nor I	's debts primarily consume Debtor 2 has primarily cons a personal, family, or househ	umer debts. Consumer debts	s are defined in 11 U.S.C.	§ 101(8) as "incurred by an
			90 days befo	ore you filed for bankruptcy, o	lid you pay any creditor a total	of \$7,575* or more?	
		□ No.	Go to line				
		☐ Yes * Subject f	paid that co	editor. Do not include payme payments to an attorney for	nid a total of \$7,575* or more in this for domestic support oblig this bankruptcy case. rs after that for cases filed on	ations, such as child supp	ort and alimony. Also, do
	Yes.			or both have primarily cons ore you filed for bankruptcy, o	umer debts. Iid you pay any creditor a total	of \$600 or more?	
		■ No.	Go to line 7	' .			
		□ Yes	include pay		aid a total of \$600 or more and obligations, such as child supp	, , , , , , , , , , , , , , , , , , , ,	
Cr	editor	s Name and	Address	Dates of paym	ent Total amount	SANSARY, AND ADDRESS AND ADDRESS OF THE PARTY OF THE PART	nls payment for

Deb	tor 1	Mariam Abiola Salau		Ca	ase number (if know)	"	
	<i>Inside</i> of whi	n 1 year before you filed for bankrupters include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artners; relatives of any ger control, or owner of 20% of	neral partners; partr or more of their voti	nerships of which ying securities; and	ou are a ge <mark>n</mark> e any managing	ral partner; corporatior agent, including one fo
	_	No /es. List all payments to an insider.					
	insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason fo	r this payment
	inside	n 1 year before you filed for bankrupto or? e payments on debts guaranteed or cos		ments or transfer	any property on	account of a	debt that benefited ar
	= N	No					
	_	es. List all payments to an insider					
	insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe		r this payment ditor's name
Part	4:	Identify Legal Actions, Repossession	s. and Foreclosures				
	List all modification	n 1 year before you filed for bankrupto I such matters, including personal injury cations, and contract disputes. Io 'es. Fill in the details.	cases, small claims action	s, divorces, collecti	on suits, patemity	actions, suppo	rt or custody
	Case Case	title number	Nature of the case	Court or agency		Status of t	he case
10.	Withir Check	n 1 year before you filed for bankrupto all that apply and fill in the details below	cy, was any of your prope v.	erty repossessed,	foreclosed, garni	shed, attache	d, seized, or levied?
	■ N	lo. Go to line 11.					
		es. Fill in the information below.					
	Credi	tor Name and Address	Describe the Property		Date		Value of the property
			Explain what happened	l new termina			
		n 90 days before you filed for bankrup nts or refuse to make a payment beca		luding a bank or fi	inancial institutio	n, set off any	amounts from your
		es. Fill in the details. tor Name and Address	Describe the action the	and the stock	n	action was	
	Greu	ior name and Address	Describe the action the	Creditor took	take		Amount
		ı 1 year before you filed for bankrupto appointed receiver, a custodian, or ar		orty in the possess	sion of an assign	e for the ben	efit of creditors, a
	N						
		es					
Part	5:	List Certain Gifts and Contributions			_		
	_	2 years before you filed for bankrupt	cy, did you give any gifts	with a total value	of more than \$6	00 per person	?
	■ N □ Y	o es. Fill in the details for each gift.					
-	Gifts	with a total value of more than \$600 erson	Describe the gifts		Date the g	s you gave	Value
		on to Whom You Gave the Gift and					16 A.A. 198

De	ebtor 1 Mariam Abiola Salau	Case number	(if known)	
14.	Within 2 years before you filed for bank	ruptcy, did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	No			
	☐ Yes. Fill in the details for each gift or			175 /37 NW JACKWARANIANA
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Dates you contributed	Value
Pai	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankru or gambling?	uptcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	■ No			
	☐ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any Insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
0-		A CONTRACTOR OF THE PROPERTY O		
Pai	rt 7: List Certain Payments or Transfer	<u> </u>		
16.	consulted about seeking bankruptcy or	uptcy, did you or anyone else acting on your behalf pay or preparing a bankruptcy petition? preparers, or credit counseling agencies for services require	,,,,	rty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not Y	transferred "tall a second sec	or transfer was made	payment
	Law Offices of Tyson Takeuchi 1055 Wilshire Blvd Suite 850	Attorney Fees	10/4/2023	\$5,000.00
	Los Angeles, CA 90017 tyson@tysonfirm.com			
17.		uptcy, dld you or anyone else acting on your behalf pay o ditors or to make payments to your creditors? t you listed on line 16.	or transfer any prope	rty to anyone who
	■ No			
	☐ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	transferred in the ordinary course of you	s made as security (such as the granting of a security interes	• • • • • • • • • • • • • • • • • • • •	
	No			
	Yes. Fill in the details.			Name of the Association of the A
	Person Who Received Transfer Address		any property or received or debts change	Date transfer was made
	Person's relationship to you			

De	btor 1	Mariam Abiola Salau		Case n	umber (if known)	
19.		in 10 years before you filed for bankr ficiary? (These are often called asset-p		ny property to a self-set	tled trust or similar device o	of which you are a
	_	No. Fill in the details				
		Yes. Fill in the details.	Description and	value of the property tra	Ineferred	Date Transfer was
	ITGII		Description and			made
Pa	rt 8:	List of Certain Financial Accounts, I	nstruments, Safe Depos	it Boxes, and Storage U	nits	
20.	sold, inclu	in 1 year before you filed for bankrup moved, or transferred? de checking, savings, money market es, pension funds, cooperatives, ass	, or other financial accou	ints; certificates of depo		,
	_ `	No				
	Sibilities and	Yes. Fill in the details.	Table 1			_
	2002006-2000	e of Financial Institution and r998 (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		ou now have, or did you have within to, or other valuables?	l year before you filed fo	r bankruptcy, any safe c	leposit box or other deposit	ory for securities,
		No				
	□ '	Yes. Fill in the details.				
	COLUMN TO THE PARTY OF THE PART	e of Financial Institution 1998 (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, s State and ZIP Code)	Table 8-2, 27 2.	oe the contents	Do you still have it?
22.	Have	you stored property in a storage unit	or place other than you	r home within 1 year bei	fore you filed for bankruptcy	<i>(</i> ?
		No Yes. Fill in the details.				
		e of Storage Facility 1995 (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, state and ZIP Code)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Control	ol for Someone Else			
23.	Do yo	ou hold or control any property that someone.		ude any property you bo	orrowed from, are storing fo	r, or hold in trust
	_	No /es. Fill in the details.		,		
	< 302/880386363	er's Name 1988 (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		e the property	Value
Par	t 10:	Give Details About Environmental In	formation			
For	the nu	rpose of Part 10, the following definit	lons anniv:		_	
			,	ulation concerning nells	ulan aantaminatian ralaas	an of hazardous or
_	toxic	o <i>nmentai law</i> means any federal, stat substances, wastes, or material into ations controlling the cleanup of thes	the air, land, soil, surface	e water, groundwater, o		
		neans any location, facility, or proper n, operate, or utilize it, including disp	-	environmental law, whe	ther you now own, operate,	or utilize it or used
		rdous materiai means anything an en		as a hazardous waste, h	nazardous substance, toxic	substance,
	nazar	dous material, pollutant, contaminan	t, or similar term.			
Rep	ort all	notices, releases, and proceedings ti	nat you know about, rega	ardless of when they oc	curred.	

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De	btor 1	Mariam Abiola Salau		Case number (if known)	
24.	Has	any governmental unit notified you that	you may be liable or potentially liable u	nder or in violation of an environme	ental law?
	_	No Yes. Fill in the details.			
		ne of site (FBSS (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of a	ny release of hazardous material?		
		No			
	900 2000	Yes. Fill in the details.	ARRA ARRESTA CONTRACTOR AND A CONTRACTOR	*si_about and mobile out about the mobile of the part of mobile of the part of	The Committee of the Association of the Committee of the
	2/250020000	ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or admi	Inistrative proceeding under any enviro	nmental law? Include settlements a	and orders.
	_	No Yes. Fill in the details.			
	9-34-339-0006	e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	lature of the case	Status of the case
Pai	t 11:	Give Details About Your Business or C	onnections to Any Business		
27.	Withi	in 4 years before you filed for bankruptc	v. did you own a business or have any	of the following connections to any	business?
		A sole proprietor or self-employed in	•	•	
		☐ A member of a limited liability compa			
		☐ A partner in a partnership	, (-,	()	
		☐ An officer, director, or managing exe	cutive of a corporation		
		☐ An owner of at least 5% of the voting			
		No. None of the above applies. Go to Pa	art 12.		
	•	Yes. Check all that apply above and fill i	n the details below for each business.		
	Bus Add	iness Name ress	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security :	
			AND THE POPER OF THE PROPERTY	Dates business existed	7 - Jan 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19
	120	&Assoc 21 Wilshire blvd 357 Angeles, CA 90025	Health and Personal care	EIN: From-To 2015 closed 2018	
28.	instit	in 2 years before you filed for bankruptc utions, creditors, or other parties. No	y, did you give a financial statement to	anyone about your business? Inclu	de all financial
	A-16 fts	Yes. Fill in the details below.	The Administrative of the Control of		
	Add (Num	\$C\$G\$P\$-0467-\$C\$4.51, \$666626 \$6669\$6.69\$P1\$\$\D\$6\$P1\\$667-6661\\$676-67, \$6796.19\$664. \$6	Date Issued		

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Debtor 1	Mariam Abiola Salau	Case num	ber (if known)
Part 12:	Sign Below		
with a bar 8 U.S.C.	orrect. I understand that mai	of Financial Affairs and any attachments, and I declare sing a false statement, concealing property, or obtainin up to \$250,000, or imprisonment for up to 20 years, or to Signature of Debtor 2	g money or property by fraud in connection
Date O	ctober 4, 2023	Date	
Did you a ■ No □ Yes	ttach additional pages to Yo <i>ur</i> Sa	atement of Financial Affairs for Individuals Filing for Ba	ankruptcy (Official Form 107)?
Did you p ■ No	ay or agree to pay someone who	is not an attorney to help you fill out bankruptcy forms	?
	ame of Person Attach the E	ankruptcy Petition Preparer's Notice, Declaration, and Sign	nature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Mariam Abiola Salau	<u> </u>					
Debtor 2 (Spouse, if filing)							
United States E	Bankruptcy Court for the:	Central District of California					
Case number (if known)		_					

Check as directed in lines 17 and 21:					
	According to the calculations required by this Statement:				
	Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 payroll deductions). Allmony and maintenance payments. Do not include payments from a spouse if 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 5. Net income from operating a business, profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor \$ 0.00 Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ \$ Net monthly income from rental or other real property

Debtor 1	Mariam Abiola Salau			Case number	r (if know	n)		
				Column A Debtor 1		SSEM DECKNOTOS COMPANIO		
7. In	terest, dividends, and royalties			\$	0.0	<u> </u>		
	nemployment compensation			\$	0.0	5		
th	e Social Security Act. Instead, list it		fit under					
	For you	\$0.	00					
	For your spouse	\$						
be no Ur dis pa do	enefit under the Social Security Act. It include any compensation, pension ited States Government in connect sability, or death of a member of the in paid under chapter 61 of title 10, the included in the same in the	ot include any amount received that wa Also, except as stated in the next sente n, pay, annuity, or allowance paid by the on with a disability, combat-related injul uniformed services. If you received any hen include that pay only to the extent to pay to which you would otherwise be ed other than chapter 61 of that title.	nce, do e ry or retired hat it	\$	0.0) ş		
Do re do Ur dis	o not include any benefits received u ceived as a victim of a war crime, a emestic terrorism; or compensation, nited States Government in connecti	isted above. Specify the source and an under the Social Security Act; payments crime against humanity, or international pension, pay, annuity, or allowance paid on with a disability, combat-related injuruniformed services. If necessary, list of the total below.	or d by the ry or					
				\$	0.0	<u> </u>		
				\$	0.0) \$		
	Total amounts from separate	pages, if any.	+	\$	0.0	\$		
	alculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B.			0.00	+ \$		= \$	0.00
								average
Part 2:	Determine How to Measure Y	our Deductions from Income					mor	thly income
12. Co	opy your total average monthly in	come from line 11.					\$	0.00
_	alculate the marital adjustment. Cl							
-	You are not married. Fill in 0 belo	w.						
	You are married and your spouse	e is filing with you. Fill in 0 below.						
	· · · · · · · · · · · · · · · · · · ·	•						
		sted in line 11, Column B, that was NO the spouse's tax liability or the spouse's						
	•	ding this income and the amount of income					-	
	If this adjustment does not apply,	enter 0 below.						
			\$		_			
			\$		_			
			+\$		_			
	Total		\$	0.00	0	Copy here=>		0.00
14. Y	our current monthly income. Sub	otract line 13 from line 12.					\$	0.00
15 0	Calculate your current monthly inc	ome for the year. Follow these steps:						
	5a Conviline 14 here=>	in jour i onon mose steps.					e	0.00

Debto	or 1	Ma	riam Abiola Salau		Case number (if known)		
	Multiply line 15a by 12 (the number of months in a year).		in a year).			x 12	
	15b). Т	he result is your current monthly income for the	ne year for this part of the	e form	\$_	0.00
16.	Calc	ulat	e the median family income that applies to	you. Follow these steps	:		
	16a.	Filli	in the state in which you live.	CA			
	16b.	Filli	in the number of people in your household.	1			
		To 1	in the median family income for your state and find a list of applicable median income amoun ructions for this form. This list may also be ava	ts, go online using the lir		\$_	75,235.00
17.	How	do	the lines compare?				
	17a.		Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do				
	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14	ulation of Your Dispos	check box 2, Disposable income is on the characteristic control of	determined u -2). On line 3	nder 11 U.S.C. § 9 of that form, cop
Part	3:	C	alculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			*
18.	Copy	y yo	ur total average monthly income from line	11 .		\$	0.00
19.	conte	end t	the marital adjustment if it applies. If you are that calculating the commitment period under income, copy the amount from line 13.	e married, your spouse i 11 U.S.C. § 1325(b)(4) a	s not filing with you, and you illows you to deduct part of your		
	19a.	lf th	e marital adjustment does not apply, fill in 0 or	n line 19a.		-\$	0.00
	19b.	Sub	tract line 19a from line 18.			\$	0.00
20.	Calc	ulat	e your current monthly income for the year	. Follow these steps:			
			y line 19b	•		\$_	0.00
		Mul	tiply by 12 (the number of months in a year).			:	x 12
	20b.	The	result is your current monthly income for the	year for this part of the fo	om	\$_	0.00
	20c.	Сор	y the median family income for your state and	size of household from	line 16c	\$_	75,235.00
	21.	Hov	v do the lines compare?				
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court	on the top of page 1 of this form, o	heck box 3,	The commitment
			Line 2 b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of page 1 o	f this form, c	heck box 4, The
Part X	By in	gnin	gn Belog g here, under benalty of perjury I declare that n Abiola Salau	the information on this s	tatement and in any attachments is	true and cor	rect.
	Sigr	iatu	re of Debt 1				
	Date		Koper 4, 2023				
	If you		M / DD / YYYY ecked 17a, do NOT fill out or file Form 122C-2				
	•		ecked 17b, fill out Form 122C-2 and file it with		hat form, copy your current monthly	income fror	n line 14 above.

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Tyson Takeuchi 177419 1055 Wilshire Blvd Suite 850 Los Angeles, CA 90017 213-637-1566 Fax: 888-977-6310 California State Bar Number: 177419 CA tyson@tysonfirm.com	FOR COURT USE ONLY				
☐ Debtor(s) appearing without an attorney					
Attorney for Debtor					
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA					
In re:					
Mariam Abiola Salau	CASE NO.: CHAPTER: 13				
	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]				
Debtor(s).					
Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attor master mailing list of creditors filed in this bankruptcy case, consistent with the Debtor's schedules and I/we assume all	consisting of 3 sheet(s) is complete, correct, and				
Date: October 4, 2023	Signature of Debtor 1				
Date:	Signature of Poto 2 (joint debtor)) (if applicable)				
Date: October 4, 2023	Signature of Attorney for Debtor (if applicable)				

STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

ch13 - Case 2:16-bk-25047-WB filed 11-14-2016 and dismissed May 16, 2017 chapter 13 filed 8-10-22 case 22-14344-WB and case dismissed 9-8-22 Ch13 filed 2-8-2023 case Case 2:23-bk-10688-WB 07-17-23

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Angeles, CA , California.

Date: October 4, 2023

Mariam Abiola Salau Signature of Debtor

Signature of Debtor 2

none

none

none